

Lieutenant Governor

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Community & Family Health Services George W. Delavan, M.D.

Division Director

Children with Special Health Care Needs V. Fan Tait, M.D. *Bureau Director*

ORDER FORM

Miscellaneous Newborn Screening Forms Newborn Screening Supplies

Date Today:	
Clinic & Provider Name:	
Address:	
Who do you want Newborn Screening Program to sent "in the attention of" ATTN:	
(Area Code) Phone: () Fax:()	
Please mark below all items you need: Miscellaneous forms (Circle one): 5 10 15 20 25 30 35 4 Dry Rak® (Circle one): 1 2 3	40 45 50
Brochures: □ English/ Spanish (Circle one): 5 10 15 20 25 30 35 40 45 50	
You may fax or mail this form to:	
Shelley Morrill Newborn Screening Program PO Box 144710 Salt Lake City UT 84114-4710 Newborn Screening Program	1



08/06/05 srm

Phone: 801-584-8256 Fax: 801-536-0962

